



PERMIT APPLICATION - VOLATILE ORGANIC COMPOUNDS STORAGE TANK
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8535 (12-05) (AP-112)

GENERAL

| | | | | |
|---------------------------------------|------|-------|------------------|----------|
| Name of Firm or Organization | | | Application Date | |
| Name of Person Submitting Application | | Title | Telephone Number | |
| Tank Location ¼ | Sec. | Twp. | Rge. | County |
| Source ID | | | | |
| Mailing Address | | City | State | Zip Code |

TANK DATA

| | | | | | | | |
|--|---|---|---------|-------|--|--|---|
| CAPACITY: | Barrels | | Gallons | | | | |
| DIMENSIONS: | Diameter | Height | Length | Width | | | |
| SHAPE: | <input type="checkbox"/> Cylindrical <input type="checkbox"/> Spherical <input type="checkbox"/> Other (Specify): | | | | | | |
| MATERIALS OF CONSTRUCTION: | (i.e., steel) | | | | | | |
| CONSTRUCTION: | <input type="checkbox"/> Riveted <input type="checkbox"/> Welded <input type="checkbox"/> Other (Specify): | | | | | | |
| COLOR: | | | | | | | |
| CONDITION: | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | | | | |
| STATUS: | <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Existing, Give Date Constructed: | | | | | | |
| TYPE OF TANK: | <input type="checkbox"/> Fixed Roof <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> External Floating <input type="checkbox"/> Pressure (low or high) <input type="checkbox"/> Internal Floating <input type="checkbox"/> Other (Specify): | | | | | | |
| TYPE OF ROOF: | <input type="checkbox"/> Pan <input type="checkbox"/> Double Deck <input type="checkbox"/> Pontoon <input type="checkbox"/> Other (Specify): | | | | | | |
| TYPE OF SEAL: | <table><tr><td><input type="checkbox"/> Metallic Shoe Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Shoe Mounted Secondary Seal <input type="checkbox"/> With Rim Mounted Seal</td><td><input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Seal</td><td><input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Seal</td></tr></table> | | | | <input type="checkbox"/> Metallic Shoe Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Shoe Mounted Secondary Seal <input type="checkbox"/> With Rim Mounted Seal | <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Seal | <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Seal |
| <input type="checkbox"/> Metallic Shoe Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Shoe Mounted Secondary Seal <input type="checkbox"/> With Rim Mounted Seal | <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Seal | <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Seal | | | | | |

VAPOR DISPOSAL

| | | | |
|-------------------------------------|--|--------------------------------|---|
| <input type="checkbox"/> Atmosphere | <input type="checkbox"/> Vapor Recovery Unit | <input type="checkbox"/> Flare | <input type="checkbox"/> Other (Specify): |
|-------------------------------------|--|--------------------------------|---|

| |
|--|
| Name all liquids, vapors, gases, or mixtures of such materials to be stored in the tank. Give density (lbs or gal) or A.P.I. |
|--|

VAPOR PRESSURE DATA (psia)

| | |
|-----------------------------|-----------------------------|
| Maximum True Vapor Pressure | Maximum Reid Vapor Pressure |
|-----------------------------|-----------------------------|

OPERATIONAL DATA

| | |
|---|---|
| Maximum Filling Rate (barrels per hour of gallons per hour) | Average Outage (average distance from tank shell to liquid surface (ft) |
| Average Throughput (barrels per day or gallon per day) | Tank Turnovers per Year |

IF MATERIAL STORED IS A SOLUTION, SUPPLY THE FOLLOWING INFORMATION

| | |
|---|----------------------------|
| Name of Solvent | Name of Material Dissolved |
| Concentration of Material Dissolved (% by weight or % by volume or lbs/gal) | |

TANK EMISSIONS

| POLLUTANT | MAXIMUM POUNDS PER HOUR | TONS PER YEAR | BASIS AND CALCULATIONS FOR QUANTITIES (Attach separate sheet if needed) |
|-----------|-------------------------|---------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Are the standards of performance for new stationary sources; petroleum liquid storage vessels, 40 CFR Part 60, Subparts K, Ka, and Kb being adhered to, where applicable?

☐ YES ☐ NO - Explain

| | |
|-----------------------------|------|
| Signature of Applicant X | Date |
|-----------------------------|------|

Submit your application and all documents to:

ND Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947

(701)328-5188